



Montana Medicaid

CLAIM JUMPER

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Tamper-Resistant Prescription Pads — POSTPONED

The Federal Law requiring written Medicaid prescriptions to be on Tamper-Resistant pads has been delayed until April 1, 2008, by H.R. 3668, the "TMA, Abstinence Education, and QI Programs Extension Act of 2007."

The Department, in accordance with CMS guidance, will require that a Medicaid prescription pad contain at least one of the following characteristics beginning April 1, 2008:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, or
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Beginning October 1, 2008, a written Medicaid prescription must be written on a tamper-resistant prescription that contains all three characteristics.

The Department advises prescribers to take this time to obtain supplies of Tamper-Resistant prescription pads for their Medicaid prescriptions. The Department will continue to update the list of tamper resistant prescription pad vendors on its website at <http://medicaidprovider.hhs.mt.gov/providerpages/prescriptions.shtml>.

For providers who elect to seek out their own vendors, the Department is available to evaluate these tamper-resistant prescription pads upon request to ensure compliance with published guidelines.

Please direct any questions regarding this notice to the following personnel: Physician and Mid-Level providers: Denise Brunett at (406) 444-5778; Dentists: Jan Paulsen at (406) 444-3182; Pharmacy providers: Wendy Blackwood at (406) 444-2738; Hospitals: Debra Stipcich at (406) 444-4834.

Submitted by Wendy Blackwood, DPHHS

Attending and Rendering Provider Information Required

Montana's Healthcare Programs (Medicaid/CHIP/MHSP) have determined that the following billing provider types will be required to bill with a valid attending provider NPI and taxonomy.

- Inpatient hospital
- Outpatient hospital
- Freestanding Dialysis Clinic
- Rural Health Clinic
- Federally Qualified Health Center

The following clinic provider types will be required to bill with a valid rendering provider NPI and taxonomy.

- Podiatry Clinic
- Physical Therapy Clinic
- Speech Therapy Clinic
- Occupational Therapy Clinic

- Dental Clinic
- Physician Clinic
- CHIP Dental Clinic
- Dedicated Emergency Departments
- General Group or Clinic

As you may be aware, Medicare has delayed NPI-only billing for healthcare providers. Due to this delay and the State's desire to minimize the impact on providers, Montana's Healthcare Programs will also continue to follow Medicare policy. During this time, you may continue to bill Montana's Healthcare Programs using the same attending information as you do currently. If you do not bill as a clinic, rendering provider will not be required. If you bill with your new clinic NPI and taxonomy, you must bill rendering provider NPI and taxonomy.

When Medicare mandates NPI-only billing for healthcare providers, Montana's Healthcare Programs will also require the provider types listed above to bill with the attending or rendering provider's NPI and taxonomy.

FaxBack Alert

At this time FaxBack will not be able to return a fax to providers who re-enrolled with one National Provider Identifier (NPI) for multiple lines of business or those who completed multiple re-enrollments with the same NPI but different taxonomy codes.

We are developing a solution and anticipate this will be corrected within the next few weeks. A notice will be posted to the web when this is corrected. The web portal eligibility inquiry functions will return eligibility for all enrolled providers. If you have any questions, please contact ACS Provider Relations at 1-800-624-3958.

Smoking and Tobacco Use Cessation Counseling

Montana Medicaid and ACS announced the coverage of two levels of smoking and tobacco use cessation counseling—intermediate and intensive—effective July 1, 2007. The coverage is available to all Medicaid clients who use tobacco. Patients must be

competent and alert at the time services are provided. The qualified practitioner and the patient have flexibility to choose between intermediate or intensive cessation strategies for each session.

Provider types that may provide smoking and tobacco use cessation counseling include Physicians, Mid-Level Practitioners, RHCs, FQHCs, Public Health Clinics, and Outpatient Hospitals.

Coverage for up to three minutes of counseling is considered to be included in reimbursement for the standard evaluation and management (E&M) office visit. When billing for more than three minutes of smoking and tobacco use cessation counseling, use the following HCPCS codes:

- **G0375:** Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to ten minutes. Medicaid reimbursement is \$11.56 for services provided in a physician office. G0375 is reimbursed APC 31 in a hospital outpatient setting which is \$8.43 as of July 1, 2007.
- **G0376:** Smoking and tobacco use cessation counseling visit; greater than ten minutes. Medicaid reimbursement is \$22.08 for services provided in a physician office. G0376 is reimbursed APC 31 in a hospital outpatient setting which is \$8.43 as of July 1, 2007.

Practitioners who need to bill for E&M services on the same day as smoking cessation services are billed should use the appropriate HCPCS code in the 99201-99215 range and modifier 25 to show the E&M service is a separately identifiable service from a smoking and tobacco use cessation counseling service.

Hospitals billing for smoking and tobacco use cessation counseling services will use revenue center 942. Interim reimbursement for critical access and exempt hospitals will be at their hospital specific cost to charge ratio.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Add-on Code Editing to Be Enhanced

DPHHS will soon integrate Bloodhound's ClaimsGuard product into the claims processing system for Montana's Healthcare Programs, starting with enhanced editing of Add-On Codes. ClaimsGuard's edits are based on nationally recognized sources such as the Centers for Medicare and Medicaid (CMS), the Correct Coding Initiative (CCI), the American Medical Association (AMA) and the Current Procedure Terminology (CPT) Assistant.

Provider notices will be published by November 1, 2007, regarding the integration of the first of these edits related to Add-On codes. Look for these notices and watch future editions of the *Claim Jumper* for more details on enhanced editing.

Billing Revenue Code 510

This is a reminder that on October 1, 2007, provider based facilities that have not completed reenrollment and indicated they are a provider based facility and provided a copy of their CMS approval will not be able to bill revenue code 510 for dates of services January 1, 2007 and after. Claims submitted for providers without a provider based designation will deny all lines with revenue code 510.

Submitted by Deb Stipcich, DPHHS

Children's Mental Health Bureau Expands Service Array

Effective October 1, 2007, the Children's Mental Health Bureau (CMHB) will begin accepting applications for its Supplemental Services Program (SSP). SSP funding will be available for youth with serious emotional disturbance who are Medicaid, CHIP Extended Mental Health Benefit or Children's Mental Health Service Plan (CMHSP) recipients.

Family income for the SSP program must be under 175% of federal poverty level. Youth who receive Medicaid via SSI, adoption or guardianship subsidy, or a waiver may be ineligible. SSP funding can only be accessed when there is no other form of payment available including Medicaid, CHIP and CMHSP. SSP cannot be used to supplement payments from any of these sources.

SSP funding will be considered for the following categories of services: services to the family that are directly related to the child's mental health needs; community based services; hard services; transportation related to the mental health needs of the child; specialized discharge training; case consultation; room and board for therapeutic group home and other services. All services must be medically necessary and integrated into the youth's treatment plan.

Per TANF MOE requirements, services are strictly limited to a four month period in the federal fiscal year (October 1 – September 30). SSP funds must be directed at family stabilization or reunification. Youth must be in the legal custody of the parent (biological or adoptive) or another specified caretaker relative.

Active participation by parents or caretaker is critical to the success of SSP services. The application must address how parents will be involved. Parent or caretaker will be asked to complete a brief written survey at the conclusion of services.

Applications may be submitted by Targeted Youth Case Managers for Medicaid youth. Applications for CHIP Extended Mental Health Benefit or CMHSP youth may be submitted by the youth's mental health provider or the local Kids Management Authority (KMA) Coordinator. The SSP policy manual will be available on the CMHB Website: <http://www.dphhs.mt.gov/mentalhealth/children/index.shtml> as will the application under Forms.

This program, formerly referred to as "Part B," is funded by Temporary Assistance to Needy Families, Maintenance of Effort (TANF MOE) dollars. This is a capped appropriation and not an entitlement program. CMHB is pleased to offer these supplemental services and appreciates the opportunity to partner with TANF to meet the needs of youth with SED and their families.

Submitted by Cynthia Erler, DPHHS

NPI Requirement For Institutional Healthcare Provider Claims

CMS has announced effective January 1, 2008, institutional claims submitted to Medicare fee for service must include an NPI in the billing/pay-to fields on claims for healthcare providers. Medicare will allow providers to bill with their NPI and legacy numbers in the billing/pay-to fields. However, if a provider bills institutional claims to Medicare with only their legacy number, those claims will be returned as unprocessable by Medicare.

Montana's Healthcare Programs will also require the NPI to be used on institutional claims submitted on and after January 1, 2008. At that time, if you are a healthcare provider, you must bill Montana's Healthcare Programs with your NPI and taxonomy on institutional claims. As of January 1, 2008, you will not be able to bill institutional claims to Montana's Healthcare Programs with your current provider number(s). If you have not re-enrolled with us yet, you must do so before January 1, 2008.

New Web Portal Offerings

Effective October 1, 2007, new web portal functionality is available both for providers and for clients. Following are the new features:

- **Provider Locator:** This feature is open to anyone through the www.mtmedicaid.org web site. Users can search for a provider by provider type and a number of additional qualifying criteria including name, city, and county. The search will return any provider enrolled in Montana's Healthcare Programs meeting the criteria entered.
- **Choose a Passport Provider:** This feature will allow clients to view an educational

tutorial and choose a Passport provider through the web. The clients' choices will be sent to ACS for processing.

- **Ask Provider Relations:** This feature allows providers to send questions to ACS Provider Relations through the Montana Access to Health secure web portal. Providers will choose a subject for the question and be presented with a text box in which to type in the question. Once submitted, the question is sent to ACS to be answered.

- **My Inbox:** This feature will be used to post ACS's answers to the Ask Provider Relations questions submitted. The mailboxes will also be used to post important information such as Prior Authorization Notices or provider specific information.

All other functionality of the web portal has been updated to accept National Provider Identifier or new atypical provider numbers for transactions.

14,250 copies of this newsletter were printed at an estimated cost of \$.37 per copy, for a total cost of \$5,306.75, which includes \$2,328.82 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

| Recent Publications Available on Website | | |
|--|--|---|
| Date | Provider Type | Description |
| Notices and Replacement Pages | | |
| 09/06/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | Tamper-Resistant Prescriptions |
| 09/11/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | Tamper-Resistant Prescriptions |
| 09/17/07 | School-Based Services | Montana Healthcare Schools Re-enrollment and Billing CSCT |
| 09/21/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | Tamper-Resistant Prescription Pads — UPDATED |
| 09/28/07 | Physicians, Mid-Level Practitioners, Public Health Clinics, Outpatient Hospitals, RHCs, FQHCs | Smoking and Tobacco Use Cessation Counseling |
| 10/04/07 | Hospice | Rate increase |
| Fee Schedules | | |
| 10/03/07 | Hospice | Fee schedule |
| Other Resources | | |
| 09/04/07, 09/10/07, 09/17/07, 09/24/07 | All Provider Types | What's New on the Site This Week |
| 09/04/07 | All Provider Types | News item regarding eSOR Notification |
| 09/04/07 | All Provider Types | News item regarding eSORs Are Now Available |
| 09/10/07, 09/12/07, 09/13/07 | All Provider Types | Home page changes: Title changed to Montana Medicaid Provider Information, link to Health Resources Division home page removed and link to Montana Medicaid added to left column navigation bar |
| 09/21/07 | Pharmacy | CMS guidance and FAQs on tamper-resistant prescription pad laws added under Other Resources |
| 09/21/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | Link added from home page to new Tamper-Resistant Pad Vendors page |
| 09/25/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | New vendor added to Tamper-Resistant Pad Vendors page |
| 09/25/07 | All Provider Types | Information on registration for Fall Provider Training added to Upcoming Events page |
| 09/28/07 | All Provider Types | October 2007 <i>Claim Jumper</i> |
| 09/28/07 | All Provider Types | News item regarding Billing Montana Healthcare Programs |
| 09/28/07 | Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals | New vendors added to Tamper-Resistant Pad Vendors page |

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

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P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
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Third Party Liability
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